Name in Full: Mrs Estie Albert

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 4 — Day: 11 — Age: Years 38 — Months 1 — Days 26

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Husband: Eyler Albert

Father's Name: Wm Rudy — Father's Birthplace: Va

Mother's Maiden Name: Mary Monday — Mother's Birthplace: Md

Name of person giving Information: Eyler Albert — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Uterus — How long: 7 mos. (?)

Immediate: Cardiac Failure — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D M Hagaman

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A6381G

Name in Full: John Bowser Angle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Big Spring County: Washington

Date of death 1904: Month: March Day: 16 Age: Years: 17 Months: 3 Days: 25

Sex: Male Color or Race: white Birthplace: Williamsport

Occupation: Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ Name of ~~Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Angle Father's Birthplace: Big Spring

Mother's Maiden Name: Ida Bowser Mother's Birthplace:

Name of person giving Information: Samuel Angle How related to deceased: Father

CAUSES OF DEATH

166

PHYSICIAN OR CORONER

Primary: How long:

Immediate: accident How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~: Frantz Bros undertakers

Address: Clearspring Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: John Dallas Arnsparger

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: Apr. — Day: 3 — Age — Years: — Months: 3 — Days: 28

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Clifford B. Arnsparger — Father's Birthplace: Md

Mother's Maiden Name: Lula Mullenix — Mother's Birthplace: "

Name of person giving Imformation: C. B. Arnsparger — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: —

Immediate: Exanituri — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician: Clara S. Eirley

Address: 28 W. Franklin St Hagerstown Md

LIBRARY BUREAU A88018

Name in Full: Adam Baer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Mark.

Date of death 190 4 — Month: 4 — Day: 20

Age — Years: 77 — Months: 9 — Days: 9

Sex: Male — Color or Race: White. — Birthplace: Lancaster, Pa.

Married, Single or Widowed: married — Occupation: Farmer

Name of Wife or Husband: Anna Baer

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Anna Herr — Mother's Birthplace: Pa.

Name of person giving information: Jacob M. Eakleman — How related to deceased: Son in Law

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis & Bladder — How long: 3 years.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Preston Miller

Address: Hagerstown, Md

Accident or Suicide? —

LIBRARY BUREAU A88318

Name in Full: Elizabeth I. Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Downsville — County: Washington

Date of death 1907 — Month: 4 — Day: 28 — Age — Years: 70 — Months: 9 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Wash. Co. Md.

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John Barnes

Father's Name: Jeremiah H. Jack — Father's Birthplace:

Mother's Maiden Name: Elizabeth Otto — Mother's Birthplace:

Name of person giving Information: Elizabeth Barnes — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lung Consumption — How long: One months

Immediate: Destruction of Lung tissue — How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. F. Lesher

Address: Williamsport Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Child of Frank Bible

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: HAGERSTOWN — County: Washington

Date of death: Month 4 — Day 15 — Years — — Months — — Days 11

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Frank Bible — Father's Birthplace

Mother's Maiden Name: Nellie Munday 95 — Mother's Birthplace

Name of person giving In formation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of the Lungs — How long: 4 days

Immediate: Convulsions — How long: —

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: A S Mason

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Jonas Edward Beachley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sappars; County: Washington

Date of death: Month: April; Day: 1st; Years: 63; Months: 10; Days: 17

Sex: Male; Color or Race: White; Birthplace: Frederick Co Md.

Occupation: Farmer; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: D. Elisabeth Castle

Father's Name: Daniel Beachley; Father's Birthplace: Md

Mother's Maiden Name: Esther Shoemaker; Mother's Birthplace: Md

Name of person giving Imformation: Sallie Beachley; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris; How long: 15 minutes

Immediate: ; How long:

~~Are the~~ name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V. M. Reichard

Address: Fairplay.

Accident or Suicide?

LIBRARY BUREAU A88015

Name in Full: Daniel Blenards Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 4; Day: 19

Age: Years: —; Months: —; Days: 3

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Blenard; Father's Birthplace: Md

Mother's Maiden Name: Emma Swift; Mother's Birthplace: Md

Name of person giving Information: Danl Blenard; How related to deceased: Father

CAUSES OF DEATH

Primary: Congenital Heart Disease; How long: 24 Hours

Immediate: do " "; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wilton Lauber Jr.

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A66016

Name in Full: James A Bauers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: McCoys Ferry — County: Washington

Date of death: Month: April — Day: 16 — 1904

Age: Years: 74 — Months: 6 — Days: 16

Sex: Male — Color or Race: White — Birthplace:

Occupation: laborer — Where Residing if not at place of death: McCoys Ferry

~~Married~~ or Widowed — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Luther Bauers — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

66

CAUSES OF DEATH

Primary: General Paralysis — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~: Frantz Bros Undertakers

Address: Clearspring

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Elizabeth Mae Bowman

CERTIFICATE OF DEATH

Died at ~~Town~~ County: Washington — MARYLAND

Date of death 1904 — Month: 4 — Day: 9 — Age: Years 25 — Months 9 — ~~Days~~

Sex: Female — Color or Race: White — Birthplace: Dowmsville

Occupation — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of Wife or Husband: William S Bowman

Father's Name: Josiah Red — Father's Birthplace

Mother's Maiden Name: Mary Ellen Gower — Mother's Birthplace

Name of person giving Imformation: Josiah Red — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Tuberculosis — How long: 111 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. F. Bonzind

Address: Funkstown Maryland

Accident or Sulcide?

LIBRARY BUREAU A8801G

Name in Full: John M Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Zion — County: Washington Co

Date of death 1901: Month: April — Day: 4 — Age: Years: 81 — Months: 2 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Washington Co Md

Occupation: Farmer — Where Residing if not at place of death: Near Mt Zion

Married, Single or Widowed: Married — Name of Wife or Husband: Mary E Fox

Father's Name: Ignatius Brown — Father's Birthplace: Washington Co Md

Mother's Maiden Name: Not Known or given — Mother's Birthplace: "

Name of person giving Information: Rube Brown — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy Disease Heart — How long: Long standing

Immediate: Heart failure accident — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J Lo Mussil

Address: Smithsburg Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Jno H. Burkhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kemps Mill; County: Washington; 1904

Date of death: Month: Apr.; Day: 8; Age: Years: 0; Months: ; Days: 26

Sex: Male; Color or Race: White; Birthplace: Penn'a

Occupation: —; Where Residing if not at place of death: —

Married, Single or ~~Widowed~~; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel A Burkhart; Father's Birthplace: Clarke Co

Mother's Maiden Name: Rena Mary Turner; Mother's Birthplace: Penn'a

Name of person giving information: Father; How related to deceased: —

CAUSES OF DEATH

Primary: Marasmus; How long: Three weeks

Immediate: Convulsions; How long: Two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Mertz M.D.

Address: Williamsport, Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John H. Buler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Grimes — County: Wash

Date of death: 4/1904 — Month: April — Day: Tuesday — Age — Years: 69 — Months: Two — Days: Eleven

Sex: Male — Color or Race: White — Birthplace: Wash Co. Md

Occupation: Farmer — Where Residing If not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Ursilla Buler

Father's Name: Joseph Buler — Father's Birthplace: Wash Co Md

Mother's Maiden Name: Mary Ann Grimes — Mother's Birthplace: Wash Co Md

Name of person giving In formation: O F M. Buler — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

179

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Complication of diseases — How long: 6 or 8 Month

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. F. Schaml MD

Address: Bakersville Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Georgia Byron

CERTIFICATE OF DEATH

MARYLAND

Died at: In Smithsburg; County: Washington

Date of death: Month 4, Day 27, 1904

Age: Years 1, Months 5, Days 21

Sex: Male

Color or Race: White

Birthplace: Smithsburg

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles H Byron

Father's Birthplace: Middleburg

Mother's Maiden Name: Lyla May Poper 93

Mother's Birthplace: Smithsburg

Name of person giving Information: C H Byron

How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long

Immediate: Pneumonia — How long: 14 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Washard

Address: Smithsburg

Accident or Suicide? Yes

LIBRARY BUREAU A66516

Name in Full: Mrs Annie M. Cookus

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: April; Day: 23; Years: 75; Months: 1; Days: 25

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: H. W.; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Wife or Husband: John H. Cookus

Father's Name: John Tilghman; Father's Birthplace: Balto. Co. Md.

Mother's Maiden Name: Rebecca Israel; Mother's Birthplace: " " "

Name of person giving Imformation: C. H. Cookus; How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease; How long: One year

Immediate: Pulmonary Odema; How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jill Keedy

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A89816

Name in Full: Susannah J. Cost

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash.

Date of death 1904 — Month: Apl. — Day: 10 — Age — Years: 69 — Months: 9 — Days: 17

Sex: female — Color or Race: white — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Husband: Elias Cost.

Father's Name: William Miller — Father's Birthplace:

Mother's Maiden Name: Elizabeth Bell Miller — Mother's Birthplace:

Name of person giving Imformation: Elias Cost — How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Two Weeks

Immediate: Fatty degeneration of Heart — How long: 30 Min

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Pitzenogle

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Ann Mariah Daugherty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro; County: Washington

Date of death 1904: Month: April; Day: 20; Age: Years: 57; Months; Days

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Widow; Occupation: Keeps House

Name of Wife or Husband:

Father's Name: Emanuel Daugherty; Father's Birthplace: Maryland

Mother's Maiden Name: Lucretia Rogers; Mother's Birthplace: Pennsylvania

Name of person giving information: Mrs Daniel Horn; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Heart - Disease; How long: One Year

Immediate: Heart Failure; How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. S. Davis

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John Dolan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hancock; County: Wash.

Date of death: Month: 4; Day: 21; 1904

Age: Years: 46; Months: 0; Days: 8 M 2 D

Sex: Male; Color or Race: white; Birthplace: Martinsburg

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Dasie Gehon

Father's Name: Hughey Dolan; Father's Birthplace: Ireland

Mother's Maiden Name: 27; Mother's Birthplace:

Name of person giving Information: wife; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 1 yr

Immediate: Ex Hemmitus; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Hancock Md.

Accident or Suicide? No

LIBRARY BUREAU A68010

Name in Full: Emma Reeder Drury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 4; Day: 5; Age: Years: 36; Months: 9; Days: 13

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: House work; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: I N Drury

Father's Name: George Reeder; Father's Birthplace: Md

Mother's Maiden Name: Catharine Marty; Mother's Birthplace: Md

Name of person giving Information: I N Drury; How related to deceased: Husband

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Lobar Pneumonia. How long: 6 days.

Immediate: Pulmonary Oedema. How long: 12 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor D. Miller Jr.

Address: Hagerstown, Md.

Filed 1904

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Died, Born dead.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 190 4: Month: apr; Day:

Age: Years: ; Months: ; Days:

Sex:

Color or Race: White

Birthplace:

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: James Easley

Father's Birthplace: Maryland

Mother's Maiden Name: Abbie Heine

Mother's Birthplace: "

Name of person giving Information: James Easley

How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Birth

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A Howard Snodgrass

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A86316

Eugene Trosper
Undertaker

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Dorothy E. Earnde

Died at — Town: Hagerstown — County: Washington

Date of death: Month 4 — Day 21 — Years 75 — Months 9 — Days 25

Sex: Female — Color or Race: White — Birthplace: ~~Germany~~ Germany

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Lewis Earnde

Father's Name: Christian Most — Father's Birthplace: Germany

Mother's Maiden Name: Margaret Gonder — Mother's Birthplace: Germany

Name of person giving information: 93 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. A. Monahan

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Conrad Easterday

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Sharpsburg (County) Washington

Date of death 190 4 (Month) apr (Day) 25th

Age (Years) 58. (Months) 5. (Days) 18.

Sex Male

Color or Race White

Birthplace Maryland.

Married, Single or Widowed Married

Occupation Farmer

Name of Wife or Husband Abbie. Easterday

Father's Name Lewis Easterday

Father's Birthplace dont know

Mother's Maiden Name Edenora Bupton 79

Mother's Birthplace

Name of person giving Information Mrs Conrad Easterday

How related to deceased wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Heart disease

How long

Immediate Dropped dead from heart failure

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician S. Howard Gardner

Address Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A6881B

Eugene Worker
Undertaker

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Jacob Fellinger

Died at: Town: Clearspring County: Washington

Date of death: 1904 Month: 4 Day: 16

Age: Years: 64 Months: Days:

Sex: Male Color or Race: White Birthplace:

Occupation: At home Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frederick Fellinger. Father's Birthplace: Germany

Mother's Maiden Name: Rose Wiesmann Mother's Birthplace: Germany

Name of person giving Information: Miss Lizzie Fellinger How related to deceased: Daughter.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Tuberculosis How long: 3 or 4 months

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. T. Mason

Address: Clearspring Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Vernie Fletcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death: Month: 4 — Day: 20 — Years: — Months: 2 — Days: 1

Age

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: David Fletcher — Father's Birthplace: Md

Mother's Maiden Name: Rosa Bankes — Mother's Birthplace: Md

Name of person giving Information: Rosa Fletcher — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bronchitis — How long: Two weeks

Immediate: Broncial Pneumonia — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel G. Watkins

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Mary A. Forsythe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dry Run; County: Washington

Date of death: Month 4, Day 27, 1904; Age: Years 70, Months 9, Days 14

Sex: Female; Color or Race: White; Birthplace: Blairs Valley

Occupation: Housewife; Where Residing if not at place of death: Dry Run

Married, Single or Widowed: Widow; Name of Wife or Husband: Abagail Forsythe

Father's Name: William McCorkle; Father's Birthplace: Md

Mother's Maiden Name: Susan Bottles; Mother's Birthplace: Md

Name of person giving information: Isaac Forsythe; How related to deceased: Son

Mother of 17 children

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: Ten days

Immediate: Heart failure; How long: Five days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Clear Spring, Washington Co. Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mary Ellen French

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ernstville; County: [illegible]

Date of death: Month: 4; Day: 7; 1904; Age: Years: 3-9; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: —

Occupation: Housewife; Where Residing if not at place of death: Ernstville

Married, Single or Widowed: Widowed; Name of Husband: William H French

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: Geo. E. French; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Lesion of Heart; How long: Sudden

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Perry

Address: Clearspring Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Carrie Cecelia Full

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Hagerstown — (County) Washington

Date of death 1904 — Month April — Day 9

Age — Years 12 — Months 9 — Days 13

Sex Female — Color or Race White — Birthplace Hagerstown Md

Married, Single or Widowed Single — Occupation School

Name of Wife or Husband —

Father's Name Michael Full — Father's Birthplace

Mother's Maiden Name Annie Price — Mother's Birthplace Md. Co. Md.

Name of person giving information Lizzie Full — How related to deceased Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Mitral Regurgitation — How long 7 yrs.

Rheumatism

Immediate Cardiac Asthenia — How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W B Monnett

Address Hagerstown Md

Accident or Suicide? No.

LIBRARY BUREAU A86516

Name in Full: William Preston Geary

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death 1904 Month: apl Day: 6 Age: Years: — Months: 7 Days: —

Sex: male Color or Race: white Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single Name of Wife or Husband: —

Father's Name: William E. Geary Father's Birthplace: Md.

Mother's Maiden Name: Mary Sedwick Mother's Birthplace: "

Name of person giving Imformation: W. E. Geary Jr. How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: one week

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. St. Dan. M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Ida C. Grant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 4; Day: 12

Age: Years: ; Months: 9; Days:

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Grant

Father's Birthplace: Georgia

Mother's Maiden Name: Lora Jackson

Mother's Birthplace: Md

Name of person giving Information:

How related to deceased:

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. G. Mackenzie

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A8501

Name in Full: Infant of Emma Gray

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sharpsburg — County: Washington

Date of death 1904 — Month: Apr — Day: 13 — Age — Years — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Sharpsburg

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name: Emma Gray S — Mother's Birthplace: Sharpsburg

Name of person giving Imformation: Malinda Nurse — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Born dead. — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. M. Garnett

Address: Sharpsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Rud. S. Rade
Undertaker

Name in Full: Nathaniel Grimes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boonsville — County: Washington

Date of death 1904 — Month: 4 — Day: 25

Age — Years: 78 — Months: 3 — Days: 16

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single, ~~or~~ Widowed

Occupation: Shoe-maker

Name of Wife or Husband

Father's Name: David Grimes

Father's Birthplace: Md

Mother's Maiden Name: Katharyn Deaner

Mother's Birthplace: Md

Name of person giving information: Margaret Grimes

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stomachic Atony — How long: 2 Years

Immediate: Debility Edward — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Yoxtheimer

Address: Boonsville Maryland

Accident or ~~Suicide~~?

LIBRARY BUREAU A68518

Name in Full

Certificate of Death

Mary E Ground

Town: Keitersburg County: Washington

Died at Keitersburg Washington MARYLAND

Date 1904 Month: 4 Day: 22 | Age Y. 69 M. - D. - | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband of Wife Joseph Ens Ground

Father's Name Lewis Zeigler Mother's Maiden Name Mary C Zeigler

Cause of Death: Primary Not Known How long sick 2 hours.

Immediate

Accident, Suicide, Homicide

Reported by G. A. Wishard M.D.

Address Keitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993

Name in Full: Marvin E. Hahn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brunswick — County: Washington

Date of death 1904 — Month: 4 — Day: 2 — Age: Years: — Months: — Days: 10

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Edward Hahn — Father's Birthplace: Md

Mother's Maiden Name: Rose E. Baker — Mother's Birthplace: Md

Name of person giving information: John T. Hahn — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 2 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. T. Zozetter

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Elijah Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 4; Day: 29; 1904

Age: Years: 44; Months: 6; Days: 2

Sex: Male

Color or Race: Colored

Birthplace: Mass

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband: Don't Know

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving information: Gertrude Johnston

How related to deceased: Not any

TO BE ANSWERED BY NEAREST FRIEND

66

CAUSES OF DEATH

Primary:

How long:

Immediate: Paralysis

How long: 9 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. C. F. Lindau

Address: Hagerstown Md

Undertaker

Accident or Suicide?

LIBRARY BUREAU A88316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Maud Genevieve Heil

Died at: Town: Hagerstown; County: Wash.

Date of death: Month: April; Day: 4; Year: 1904

Age: Years: 20; Months: 11; Days: —

Sex: female; Color or Race: White; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: John H. Heil; Father's Birthplace: Md.

Mother's Maiden Name: Clara Gross; Mother's Birthplace: "

Name of person giving information: John H. Heil; How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal; How long: —

Immediate: Peritonitis; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. T. Markham

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard H. Jewell Bell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 4; Day: 3; Years: —; Months: 3; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Charles H. Jewell; Father's Birthplace: Va

Mother's Maiden Name: Hannah Jones; Mother's Birthplace: Md

Name of person giving Information: Hannah Jones; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. K. Coffman

Address: Hagerstown

Undertaker

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Robt. Thomas Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hancock. County: Washington

Date of death: 1904. Month: April. Day: 27.

Age — Years: 26 Months: 2. Days: 12.

Sex: Mal. Color or Race: White. Birthplace: Washington Co.

Occupation: Laborer. Where Residing if not at place of death: Hancock.

~~Married~~, Single or ~~Widowed~~. Name of ~~Wife~~ or Husband:

Father's Name: John Thomas Hughes. Father's Birthplace: United States

Mother's Maiden Name: ~~Sisson~~ Hughes. Mother's Birthplace: Allegany Co.

Name of person giving Imformation: Thursday Hughes. How related to deceased: 2

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abcess of Abdominal Cav- How long: 15 weeks

Immediate: Consumption How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ed. D. Stiens M.D.

Address: Hancock.

Cause of Death

Accident or Suicide? Natural.

LIBRARY BUREAU A88818

Name in Full: Henry D. Huyett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chewsville; County: Washington

Date of death: Month: 4; Day: 6; 1904

Age: Years: 83; Months: 7; Days: 24

Sex: Male

Color or Race: White

Birthplace: Wash. Co Md

Occupation: Retired farmer

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband: Mary Windus

Father's Name: Daniel Huyett

Father's Birthplace: Washington Co

Mother's Maiden Name: Mary Brooks

Mother's Birthplace: Huntingdon Pa

Name of person giving information: Mrs. B. A Betts

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights disease + Valvular disease of heart

How long: 3 mos

Immediate: Suppression with heart failure

How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John M. Steck M.D

Address: Smithsburg Md

Accident or Suicide?

LIBRARY BUREAU A88818

Nama in Full

Certificate of Daath

Edna Eliz Hykes

Died at Town: Leitersburg County: Washington MARYLAND

Date 1904 Month: 4 Day: 10 Age Y.: 6 M.: — D.: — Native of: Md Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife —

Father's Name: W H Hykes Mother's Maidan Name: Maggie E Lindemuth

Cause of Death — Primary: Mumps & Whooping cough How long sick: 10 weeks

Immediate: Pneumonia Accident, Suicide, Homicide

Reported by: D. H. Wishard M. D.

Address: Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

201

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Olive Louisa Johnson

Died at: Town: Belle Farm — County: Washington

Date of death: 1904 — Month: Apr. — Day: 14 — Age: Years 7. Months 11. Days 26

Sex: Femme — Color or Race: White — Birthplace: Kemps Mill

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Benj. F. Johnson — Father's Birthplace: Virginia

Mother's Maiden Name: Cora Keedy. — Mother's Birthplace: Md. Penn.

Name of person giving Information: Benj F Johnson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: five days

Immediate: Laryngeal stenosis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr D. T. Lesher

Address: Williamsport Md

Accident or Suicide?

LIBRARY BUREAU A8NO16

St Pauls

Name in Full: Dallie Kline

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millstone Md County: Washington

Date of death 190 4: Month: April Day: 4 Age: Years: 4 Months: Days:

Sex: Color or Race: white Birthplace: Millstone Md

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: McClellan Kline Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal meningitis How long:

Immediate: How long: two days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. E. Shipman.

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Infant of W. S. Leffler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Green Spring; County: Washington

Date of death: 1904; Month: 4; Day: 6; Age: Years —; Months —; Days 10

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W. S. Leffler; Father's Birthplace: Pa

Mother's Maiden Name: M. M. Hess; Mother's Birthplace: Pa

Name of person giving Information: W. S. Leffler; How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Jaundice; How long: 10 days

Immediate: Hemorrhage; How long: One Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. D. Mason, M. D.

Address: Clearspring Md

Accident or Suicide? —

LIBRARY BUREAU ASSOC

Name in Full: Boyd R Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 4; Day: 23; 1904

Age: Years: —; Months: 4; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: George Lewis

Father's Birthplace: Pa

Mother's Maiden Name: Elsie Reamer

Mother's Birthplace: Pa

Name of person giving In formation: Elsie Reamer

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Spasms

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. C. Duncan

Address: Undertaker Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Gordon L Lidy

CERTIFICATE OF DEATH

MARYLAND

Died at: Hagerstown (City or Town) — County: Washington

Date of death: Month 4 — Day 20 — Year 1904 — Age: Years — Months 9 — Days 2

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Bradly Gordon — Father's Birthplace: Md

Mother's Maiden Name: Julia Esterline — Mother's Birthplace: Md

Name of person giving information: Julia Lidy — How related to deceased: Mother

179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dont Know — How long: Half hour

Immediate: Dont Know — How long: Dont know

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. A. Workiss

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William D. Lowry

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Funkstown — County: Washington

Date of death: Month: 1[illegible] 1904 — Day: 14 — Age: Years: 70 — Months: 6 — Days: 19

Sex: Male — Color or Race: White — Birthplace: dont no

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: dont no — Father's Birthplace: dont no

Mother's Maiden Name: dont no. — Mother's Birthplece: dont no

Name of person giving Imformation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Coed. (120) — How long: 8 Yrs.

Immediate: Bronchs Diseased — How long: 3 Yrs.

Are the name, age, sex, color, dat and place correctly given above? Yes

Signature of Physician: C. J. Bruguard

Address: Funkstown Md

Accident or Suicide?

LIBRARY BUREAU AB8818

Name in Full: Wilfred C McCardell

CERTIFICATE OF DEATH 1904

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport — County: Washington — MARYLAND

Date of death 1904: Month: Apr — Day: 11 — Age: Years: 59 — Months: 8 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Williamsport

Occupation: Lock Tender — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ — Name of Wife or ~~Husband~~: Eliza A. Taylor

Father's Name: Rickard P. McCardell — Father's Birthplace: near Town

Mother's Maiden Name: Maria Echelberger — Mother's Birthplace: York Pa

Name of person giving Information: G W McCardell — How related to deceased: Brother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Paralysis — How long: 4 Months.

Immediate: Heart Failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W S Richard M.D.

Address: Williamsport Md

Accident or Suicide? —

LIBRARY BUREAU A8B316

Name in Full: Leah E. McComas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Washington — County: D. C.

Date of death: Month: April — Day: 14 — Year: 1904 — Age: Years: 5 — Months: 2 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: K. W. — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Louis E. McComas

Father's Name: Chas W. Hunnicutt deceased — Father's Birthplace: Md.

Mother's Maiden Name: Mary Hazelton — Mother's Birthplace: "

Name of person giving Information: J. W. Hunnicutt — How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 20 — How long

Immediate: Chronic Brights Disease — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of: [illegible] Mulder Undertaker

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Ida Virginia McCleary

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 4 — Day: 24 — Age — Years: 36 — Months: 2 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Wm McCleary

Father's Name: Wm Kelley — Father's Birthplace: Va

Mother's Maiden Name: Mary E Cunningham — Mother's Birthplace: Md

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E A Markland

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Fannie Bodman McKalvey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancock — County: Washington

Date of death: 1904, Month: 4, Day: 2 — Age: Years: 34, Months: 7, Days: 12

Sex: Feminine — Color or Race: White — Birthplace: Hancock

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: K. E. McKalvey

Father's Name: Royal Miles McKinley — Father's Birthplace: Hancock

Mother's Maiden Name: Francis Ann Bodman — Mother's Birthplace: "

Name of person giving Information: Mary Drew Reed — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Neuralgia of Heart — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. Thurwood Figus, M.D.

Address: Hancock, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Alex McKelvey

205

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport — County: Washington

Date of death 1900: Month: April — Day: 23 — Age: Years: 54 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Philadelphia Pa

Occupation: Boatman — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Ann Singer

Father's Name: Wm McKelvey — Father's Birthplace: Ireland

Mother's Maiden Name: Maria Noble — Mother's Birthplace: Ireland

Name of person giving information: Mary McKelvey — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease — How long: 28 months

Immediate: Uraemic Coma — How long: few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: I. M. Wertz, M. D.

Address: Williamsport, Md.

Accident or Suicide?

LIBRARY BUREAU A63618

Name in Full: Jeneatta Mc Kenney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 4	Day: 16	Age: Years: 2	Months: 7	Days: 3
Sex: Female	Color or Race: Colored		Birth-place: Md		
Occupation: Child	Where Residing if not at place of death:				
Married, Single or Widowed: Single	Name of Wife or Husband:				
Father's Name: John Mc Kenzie			Father's Birthplace: Md		
Mother's Maiden Name: Hazel Fisher			Mother's Birthplace: Md		
Name of person giving In formation: Sallie Fisher			How related to deceased: Grand Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary		How long
Immediate: Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: A. K. Coffman	
	Address: Hagerstown Md	
Accident or Suicide?	Funeral Director	

LIBRARY BUREAU A83515

Name in Full: Leigh Malone.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown | County: Washington | MARYLAND

Date of death: 1904 April | Day: 29 | Age: Years: 38 | Months: — | Days: —

Sex: male | Color or Race: white | Birthplace: Md

Occupation: Baggage master | Where Residing if not at place of death: —

Married, Single or Widowed: single | Name of Wife or Husband: —

Father's Name: Leigh Malone | Father's Birthplace: Ireland.

Mother's Maiden Name: Mary Kelly | Mother's Birthplace: Maryland

Name of person giving Imformation: Bessie Malone | How related to deceased: sister.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis | How long

Immediate: " | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Elias B Boyle

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Jacob Howard Marker.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg — County: Washington

Date of death 190 4: Month: Apr — Day: 13.

Age: Years: 18. — Months: 6. — Days: 2.

Sex: Male — Color or Race: White — Birthplace: Sharpsburg.

Married, Single or Widowed: Single — Occupation: ——

Name of Wife or Husband: ——

Father's Name: William Marker — Father's Birthplace: Sharpsburg

Mother's Maiden Name: Margaretta Rell — Mother's Birthplace: "

Name of person giving information: Wm Clarke — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: ——

Immediate: Tuberculosis — How long: ——

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. Howell Gardner

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A88316

Eugene Starkey
Undertaker.

Name in Full: Rogers Miller

Hag

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death	Month	Day	Years	Months	Days
1904	4	3	Age 4	—	

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Mathew Miller — Father's Birthplace: Md

Mother's Maiden Name: Florence Dorsey — Mother's Birthplace: Md

Name of person giving Information: Florence Dorsey — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 2 Months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. K. Dorsey M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Genesia Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 4 — Day: 19 — Age — Years: 60 — Months: 1 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Geo S Miller

Father's Name: Wm Shreaner — Father's Birthplace: Md

Mother's Maiden Name: Margarett Anderson — Mother's Birthplace: Md

Name of person giving Information: Nannie Miller — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: 19

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E A Mowbray

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A26516

Name in Full: Benj Mitchell Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Ellicott. (County): Bedford. (State): Pa. MARYLAND

Date of death 1904 (Month): 4 (Day): 26. Age (Years): 84 (Months): 6 (Days): 21

Sex: Male. Color or Race: White. Birthplace: England.

Occupation: Boat Builder. Where Residing if not at place of death:

Married, Single or Widowed: Married. Name of Wife or Husband: Mary C. Cornelius.

Father's Name: William Mitchell. Father's Birthplace: England.

Mother's Maiden Name: Not Known. Mother's Birthplace: "

Name of person giving Imformation: Benj Mitchell Jr. How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old. Age. 154 How long: Indefinite

Immediate: How long: Period.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Martin Jenkins Wilson M.D.S.

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A83618

Name In Full: Herbert A Morgan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 4 — Day: 22 — Age — Years: 2 — Months: 2 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew Morgan — Father's Birthplace: Md

Mother's Maiden Name: Martha Kohr — Mother's Birthplace: Md

Name of person giving In formation: Martha Morgan — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis — How long: 3 wks.

Immediate: Meningitis. Convulsions — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. Thomson

Address: Hagerstown Md.

Accident or Suicide? No.

LIBRARY BUREAU A88516

7000
N30
1989
91.21

Name in Full: William H Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Fairview — Town | County: Washington — MARYLAND

Date of death: 1904 — Month: 4 — Day: 23 — Age: Years: 67 — Months: 6 — Days: 7

Sex: male — Color or Race: White — Birthplace: Washington Co

Occupation: Laborer — Where Residing if not at place of death: near Fairview

Married, Single or Widowed: married — Name of Wife or Husband: Margaret E Morgan

Father's Name: Christian Morgan — Father's Birthplace: Washington Co

Mother's Maiden Name: Susana Miller — Mother's Birthplace: Washington Co

Name of person giving information: Margaret E Morgan — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: Sixmonths

Immediate: Acute Insanity — How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W.M. Reichard

Address: Fairplay.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Harry E Myers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month 4 — Day 14 — Years — Age — Months 10 — Days 28

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm H. Myers — Father's Birthplace: Md

Mother's Maiden Name: Marie Young — Mother's Birthplace: Md

Name of person giving Information: Mrs Wm Young — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long: 3 days?

Immediate: Exhaustion - — How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Victor D Miller Jr.

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A88318

Name in Full: Mrs Anna Elizabeth Negley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Allenwald — County: Franklin — Pa

Date of death: Month: April — Day: 21st — 1904 — Age: Years: 44 — Months — Days

Sex: Female — Color or Race: white — Birthplace: Washington Co. Md.

Occupation: Domestic — Where Residing if not at place of death: Allenwald Pa

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Negley wife of Samuel Negley

Father's Name: Henry Shrock — Father's Birthplace: Washington Co. Md.

Mother's Maiden Name: Catharine Middlekauff — Mother's Birthplace: Washington Co. Md.

Name of person giving Imformation: F. Middlekauff (93) — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia (93) — How long: Two weeks

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. P. Strickler M.D.

Address: Waynesboro Pa.

Accident or Suicide?

LIBRARY BUREAU A89016

Name in Full

Mary Ethel Hartaugh Punt

Certificate of Death

Died at Town: Pen. Mar County: Washington MARYLAND

Date 19 0 4 Month: apr. Day: 15 | Age Y. 1 M. 1 D. 28 | Native of Washington Co | Occupation ——

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Edward B Punt | Mother's Maiden Name Angella Hartaugh

Cause of Death: Primary Pneumonia | How long sick 4 days

Immediate " | Accident, Suicide, Homicide

93

Reported by C. L. Mechler M. D

Address Sabillasville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Boonsboro — County: Washington

Date of death 1904: Month: April. — Day: 29 — Age: Years — Months — Days

Sex: Female — Color or Race: Caucasian — Birthplace: Boonsboro

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: Richard Renner — Father's Birthplace: Maryland

Mother's Maiden Name: Emma Lewis — Mother's Birthplace: Maryland

Name of person giving information: 93 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia — How long: 2 days

Immediate: Sprain & — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Hubert Wade M.D.

Address: Boonsboro. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full: Still Born

CERTIFICATE OF DEATH

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date of death: 1904 — Month: Apr — Day: 27 — Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Hagerstown

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Richard C Rummell — Father's Birthplace: Pa

Mother's Maiden Name: Flonnce L Landmaster — Mother's Birthplece: Md.

Name of person giving In formation: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Born — How long: —

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: W B Monnon

Address: Hagerstown Md

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: Florence Ruth Settle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash

Date of death: Month: April — Day: 3 — Age: Years: 1 — Months: 8 — Days: 3

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: single — Name of Wife or Husband: — — — —

Father's Name: John B. Settle — Father's Birthplace: Va.

Mother's Maiden Name: Cora M. E. Council — Mother's Birthplace: Md.

Name of person giving Information: J. B. Settle — How related to deceased: Father

CAUSES OF DEATH

Primary: Cerebro Spinal Meningitis — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. P. Shaffer

Address

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Rachel Fern Shoop

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Maplesville — County: Washington

Date of death 1904 — Month: Apl — Day: 30 — Age — Years: — Months: — Days: 14

Sex: Female — Color or Race: White — Birthplace: Maplesville

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Shoop — Father's Birthplace: Maplesville

Mother's Maiden Name: Margaret Pryor — Mother's Birthplace: Wolfsville

Name of person giving Information: Chas Shoop — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long: 24 hours

Immediate: 92 — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. T. Smith

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A08616

Name in Full: Flora E Slick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 4; Day: 4; Age: Years —; Months: 5; Days —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles E Slick; Father's Birthplace: Md

Mother's Maiden Name: Sarah E Schaffer; Mother's Birthplace: Md

Name of person giving Imformation: —; How related to deceased: —

CAUSES OF DEATH

150

Primary: Bronchitis; How long: Two Weeks

Immediate: Apex Heart; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Pitsnogle

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Sophia C. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rohrersville — County: Washington

Date of death: 1904 — Month: April — Day: 25 — Age: Years 59 — Months 2 — Days 8

Sex: Female — Color or Race: White — Birthplace: Rohrersville Md

Occupation: None — Where Residing if not at place of death: Rohrersville

Married, Single or Widowed: Widow — Name of Wife or Husband: Mahlon H. Smith

Father's Name: Joseph S. Grimm — Father's Birthplace: Rohrersville

Mother's Maiden Name: Sarah Huffer. — Mother's Birthplace: do do

Name of person giving Information: A. G. Smith — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

Primary: Bright's disease — How long: 10 months

Immediate: Cardiac Weakness — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas E. Dennis M.D.

Address: 405 N. Green St. Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88515

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Charles Th Snyder

Died at — Town: Hagerstown — County: Washington

Date of death: Month 4 — Day 20 — Age: Years ___ Months ___ Days ___

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: ___ — Where Residing if not at place of death: ___

Married, Single or Widowed: ___ — Name of Wife or Husband: ___

Father's Name: Charles Hungate — Father's Birthplace: Va

Mother's Maiden Name: Bessie Snyder — Mother's Birthplace: Md

Name of person giving information: S — How related to deceased: ___

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ___ — How long: ___

Immediate: Stillborn — How long: ___

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Hoffmeier

Address: 1018 Antietam St. Hagerstown Md

Accident or Suicide: ___

LIBRARY BUREAU A69516

Name in Full: Anna B Sollenberger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month 4; Day 25; Age: Years 34; Months 7; Days 14

Sex: Female; Color or Race: White; Birthplace: Pa

Occupation: House wife; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Solomon Sollenberger; Father's Birthplace: Pa

Mother's Maiden Name: Rannie Brandt; Mother's Birthplace: Pa

Name of person giving Information: Fannie Sollenberger; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epilepsy; How long: Life Time

Immediate: injury from a fall on head; How long: 3 days

Are the name, age, sex, color, date and place correct as given above? yes

Signature of Physician: W. Fisher Miller

Address: Hagerstown Md

Accident or ~~Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

202

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Luther Richard Spangler

Died at: Town: Williamsport — County: Wash.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	April	25	Age 64	7	2

Sex: Male

Color or Race: White

Birthplace: Williamsport

Occupation: Watchman

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Martha A. Spangler

Father's Name: George Spangler

Father's Birthplace: Penna.

Mother's Maiden Name: Martha A. Eman 120

Mother's Birthplace: Petersburg Va

Name of person giving information: William Spangler

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteriosclerosis — How long: Indefinite

Immediate: Renal Insufficiency — How long: Indefinite

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. M. Mertz

Address: Williamsport

Accident or Suicide?

LIBRARY BUREAU A8B816

Name in Full: Stillborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington; MARYLAND

Date of death: 1904; Month: 4; Day: 19

Age: Years: —; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: James P Speddew 176; Father's Birthplace: Md

Mother's Maiden Name: Mary A Schaunel; Mother's Birthplace: Md

Name of person giving information: James P Speddew; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: asphyxia; How long: —

Immediate: " ; How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. P. Miller

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full

Certificate of Death

Rush Richard Stonseller

Died at Town: Clearspring County: Washington ,MARYLAND

Date 1904 Month: April Day: 30 | Age Y.: 6 M.: 7 D.: | Native of: Md | Occupation: ———

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of ———

Father's Name: Rush S. Stonseller | Mother's Maiden Name: Lonnie Sorey

Cause of Death: Primary: Bronco Pneumonia | How long sick: 8 days

Immediate: Heart Failure | ~~Accident, Suicide, Homicide~~

92

Reported by J. O. Perry M. D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Catharine Stevenson

[redacted] at — Town: Ringgold — County: Washington — MARYLAND

Date 1904 — Month: Apr. — Day: 26 — Age: Y. 62 M. - D. - — Native of: Maryland — Occupation: Housewife

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living: two / seven

Husband / Wife of: William Stevenson

Father's Name: Samuel Dayhoff — Mother's Maiden Name: Mariah Gaman

Cause of Death — Primary: General breakdown — How long sick: 6 mo

Immediate: Tuberculosis — ~~Accident, Suicide, Homicide~~

Reported by: J. H. Evans M. D.

Address: Waynesboro Franklin Co Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895

Name in Full: Berlah Stine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 190 4: Month: Apr; Day: 16th

Age: Years: 20; Months: 5; Days: 16

Sex: Female; Color or Race: White; Birthplace: Sharpsburg

Married, Single or Widowed: Married

Occupation:

Name of Wife or Husband: John Stine

Father's Name: Benjamin Sandman; Father's Birthplace: Md

Mother's Maiden Name: Annie [illegible]; Mother's Birthplace: "

Name of person giving Information: Mother; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pregnancy with Heart Trouble; How long: —

Immediate: Heart Failure; How long: A short time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Grantham

Address: Sharpsburg Md

Accident or Suicide:

LIBRARY BUREAU A89316

Eugene Markey
Undertaker.

Name in Full: Rev Jos. Bullett Stitt D. D.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death: Month: Apl; Day: 3; Year: 1904; Age: 65 Years 5 Months — Days

Sex: male; Color or Race: White; Birthplace: Penna.

Occupation: Minister; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Wife or Husband:

Father's Name: Alexander Stitt; Father's Birthplace: Scotland

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: M-L. Keedy; How related to deceased: sowin-law

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown; How long:

Immediate: Chronic Nephritis; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. McP. Scott

Address: Hagerstown Md.

Accident or Suicide? —

LIBRARY BUREAU A88016

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary C. Stonebraugh

Died at: Town: Beltsville County: Washington

Date of death 1904: Month: Apr Day: 17 Years: Age 47 Months Days

Sex: Female Color or Race: White Birthplace: Pa

Occupation: H Where Residing If not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: John Stonebraugh Father's Birthplace:

Mother's Maiden Name: Lilly Martin Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis How long: 5 yrs.

Immediate: Pulmonary Hemorrhage How long: 10 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M B Monnett

Address: Hagerstown Md.

Accident or Suicide? No.

LIBRARY BUREAU A66516

Name in Full: Samuel Sword

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blairs Valley; County: Washington

Date of death: Month: April; Day: 2; Year: 1904

Age: Years: 79; Months: 9; Days: 5

Sex: Male; Color or Race: White; Birthplace: Blairsvalley

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed; Name of Wife or Husband:

Father's Name: John Sword; Father's Birthplace: Md

Mother's Maiden Name: Catherine Rickard; Mother's Birthplace: Md

Name of person giving information: Jacob Sword; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage; How long: Week

Immediate: Cardiac Failure; How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Mason, M.D

Address: Clearspring Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary Tracy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Antietam; County: Washington

Date of death: 1904 Month: Apr Day: 17

Age: Years: 26 Months: 6 Days: 16

Sex: Female Color or Race: White Birthplace: Sharpsburg

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Married ~~Name of Wife or~~ Husband: Jacob H. Tracy

Father's Name: William Bost Father's Birthplace: ——

Mother's Maiden Name: Eliza Domer Mother's Birthplace: Near Sharpsburg

Name of person giving Information: Jacob H. Tracy 27 How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption How long: For years

Immediate: How long: ——

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. Howard Boardman

Address: Sharpsburg Md.

Accident or Suicide?

LIBRARY BUREAU A6515

Chas. S. Wade

Undertaker

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Wash

Date of death: Month: 1904 — Day: Not Known — Age: Years: — Months: — Days: Probably 1

Sex: Female — Color or Race: White — Birthplace: —

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Not Known — Father's Birthplace: —

Mother's Maiden Name: " " — Mother's Birthplace: —

Name of person giving Information: W M Suter — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Found dead in a stream — How long: —

Immediate: Water. — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W M Suter Undertaker

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A69816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Amanda Alice Werdetaugh.

Died at: Town: Brosius — County: Morgan — W. Va.

Date of death 1904 — Month: 4 — Day: 24 — Age: Years 1 — Months 8 — Days 0

Sex: Female — Color or Race: White — Birthplace: Brosius W. Va.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: D. H. Werdetaugh. — Father's Birthplace: Washington Co. Md.

Mother's Maiden Name: Jennie V. Bowers — Mother's Birthplace: " "

Name of person giving information: D. H. Werdetaugh. — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. — How long: About 1

Immediate: 93 — How long: Week.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Martin Jenkins & Son M.D's

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A88316